



SEP 27 2006 Please type a plus sign (+) inside this box →

09-28-06

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HDP/SB/21 based on PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/644,679
		Filing Date	08/20/2003
		First Named Inventor	Gordon R. Inch
		Group Art Unit	3725
		Examiner Name	Dmitry Suhol
Total Number of Pages in This Submission	3	Attorney Docket Number	9539-0000099

ENCLOSURES (check all that apply)

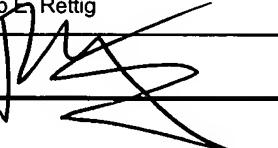
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Letter of Error of Record; return receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Reg. No.
Signature			
Date	September 27, 2006		

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

Typed or printed name	Philip E. Rettig	Express Mail Label No.	EV 757 778 009 US (9/27/2006)
Signature		Date	September 27, 2006

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Philip E. Rettig	Reg. No. 34,000
Signature			
Date	September 27, 2006		

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Typed or printed name	Philip E. Rettig	Express Mail Label No.	EV 757 778 009 US (9/27/2006)
Signature		Date	September 27, 2006



Philip E. Rettig
Direct Dial: 248.641.1240
perettig@hdp.com



September 27, 2006

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Re: U.S. Patent No. 7,036,349 - Issued: May 2, 2006
First Named Inventor: Gordon R. Inch
For: SCALLOP OUTPUT SHAFT TOOLS
Attorney Docket No. 9539-000099

Sir:

We have reviewed the above-identified patent and have found the following errors:

Column 4, Line 63, Claim 1; Application Page 2, Line 8, Claim 1	After "retainer", insert --ring--
Column 5, Line 42-43, Claim 9; Application Page 4, Line 1, Claim 9	After "insert", delete "and"

Kindly make these errors of record in your files.

Respectfully submitted,

By: 
Philip E. Rettig
Reg. No. 34,000

PER/srh